REQUEST FOR PRIOR APPROVAL
NORTH CAROLINA MEDICAID PROGRAM

MAIL TO: EDS
P.O. BOX 31188
RALEIGH, N.C. 27622
PRIOR AUTHORIZATION NUMBER

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13. HAS	PATIENT	BEEN PR	EVIOUSLY PROVIC	DED WITH THIS SERVICE	Ξ?				YE	S				_ NO
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18.	TYPE, P	RINT OR S	TAMP			\								
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(CITY			(STATE)	(ZIP CODE))								